MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046914
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6590

FILED JAN 14 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	SHOULD READ	DATE AMENDED
1			
2	8180-		
3			
4	2		
5	1		
6			
7	1		
8	1		
9	331X		
10			
11			
12	76-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 18 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS b. COUNTY: WYANDOTTE
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1968 NORTH FOURTH
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First WILSON Middle GRANT Last

4. DATE OF DEATH: Month . . Day Year: December 19, 1962

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-20-96

9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer, railroad, retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Waskom, Texas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Grant

13b. MOTHER'S MAIDEN NAME: Rose Luther

14. NAME OF HUSBAND OR WIFE: Julia Mae Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

17. INFORMANT Address: Julia Mae Grant, wife
VA Hospital Official Records, K.C. Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage, right temporal lobe — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary embolus with infarction right lower lobe
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from Dec. 1, 1962 to Dec. 19, 1962
Death occurred at 4:00p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James M. Flynn M.D. M.D.

22b. ADDRESS: VA Hospital, Kansas City, Mo.

22c. DATE SIGNED: 12-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-26-1962

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Leavenworth, Kansas

24. FUNERAL DIRECTOR ADDRESS: Mrs. J. W. Jones 2110 N. 5th. St.

25. DATE RECD. BY LOCAL REG.: 12.26.62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Eugene English

Licensed Embalmer No. 1686

P. O. Address 2110 N. 5th St. K.C. Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.